10/691645

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

45914

			SMALL E	NTITY	OR		THAN ENTITY	1					
TÖTAL CLAIMS			16	•				RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMI	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	1
TC	TAL CHARGE	ABLE CLAIMS	/6 _ minus 20= * /					X\$ 9=		OR	X\$18=		1
INE	EPENDENT C	LAIMS	2 — minus 3 = 0					X43=		OR	You		1
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	+290=		1
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		70.	Ł
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THE					
AMENDMENT A	y t	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.16	Minus	** 0	0	=		X\$ 9=	١	OR	X\$18=\		
	Independent	٠	Minus	***	3	=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	+145=		OR	+290=		
		•					L	TOTAL			TOTAL	\	
		(Column 1)		(Colun	nn 2\	(Column 3)	•	NDDIT. FEE		On	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		a		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTAL		OR	TOTAL		
		(Column_1)		(Colum	nn 21	(Column 3)	A	DDIT. FEE L		JO. 1	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		2		X43=			X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI				OR						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r foun	d in the app	ropriate box	in cot	umn 1.		